

IFW
AF/1651

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Nesser et al.
Appl. No.: 09/936,489
Conf. No.: 7111
Filed: March 5, 2002
Title: LACTOBACILLUS STRAINS PREVENTING DIARRHOEA PATHOGENIC
BACTERIA
Art Unit: 1651
Examiner: I. Marx
Docket No.: 112843-030

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450


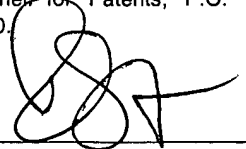
AMENDMENT

Sir:

In response to the Office Action dated April 14, 2004, please amend the above-identified patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks begin on page 6 of this paper.

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 112843-030	
Applicant(s): Nesser et al.						
Application No. 09/936,489	Filing Date March 5, 2002	Examiner I. Marx	Customer No. 29174	Group Art Unit 1651	Confirmation No. 7111	
Invention: LACTOBACILLUS STRAINS PREVENTING DIARRHOEA PATHOGENIC BACTERIA						
<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	4 -	22 =	0 x	\$18.00	\$0.00	
INDEP. CLAIMS	2 -	7 =	0 x	\$86.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 02-1818 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. </div> <div style="text-align: right;"> Dated: July 8, 2004 </div> </div> <div style="margin-top: 20px;">  _____ Signature </div> <div style="margin-top: 20px;"> Robert M. Barrett Reg. No. 30,142 BELL, BOYD & LLOYD LLC P.O. Box 1135 Chicago, IL 60690-1135 Phone: 312-807-4204 </div>						
<div style="border: 1px solid black; padding: 5px;"> I certify that this document and fee is being deposited on 07-08-04 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  _____ Signature of Person Mailing Correspondence Renee Street _____ Typed or Printed Name of Person Mailing Correspondence </div>						
cc:						